



## BUSINESS LICENSE TAX REFUND REQUEST

Name of Business: \_\_\_\_\_

Federal ID or Social Security Number: \_\_\_\_\_

Physical Location of Business: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

Date Business Sold or Ceased Operation: \_\_\_\_\_

If selling business or transferring ownership please provide new owners name and address:

\_\_\_\_\_

\_\_\_\_\_

Please Provide Listing of all Assets sold with selling price if sold to new owner.

Address to mail refund to: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

*\*Please allow 4-6 weeks for your refund to process. Refund will be based on tax amount only.  
Penalty, Interest, and other collection or administrative fees paid are not refundable.*